

Resolution Amending Authorized Representatives

Please use this form to amend or designate Authorized Representatives.

This document supersedes all prior Authorized Representative forms.

* Required Fields

Keq	uirea rielas		
1. Re	solution		
WHER	EAS,		
Willia	amson County Tax Assessor/Collector	7 8 3 9 4	
Participant Name*		Location Number*	
	cipant") is a local government of the State of Texas and is empowered to delegate to a public fund act as custodian of investments purchased with local investment funds; and	s investment pool the authority to invest funds	
WHEF liquidit	REAS, it is in the best interest of the Participant to invest local funds in investments that provide for y, and yield consistent with the Public Funds Investment Act; and	the preservation and safety of principal,	
entitie	REAS, the Texas Local Government Investment Pool ("TexPool/ Texpool Prime"), a public funds investment objective in order of priority are preservation and safety of principal, liquidity, a ment Act.	·	
NOW	THEREFORE, be it resolved as follows:		
A.	A. That the individuals, whose signatures appear in this Resolution, are Authorized Representatives of the Participant and are each hereby authorized to transmit funds for investment in TexPool / TexPool Prime and are each further authorized to withdraw funds from time to time, to issue letters of instruction, and to take all other actions deemed necessary or appropriate for the investment of local funds.		
B.	B. That an Authorized Representative of the Participant may be deleted by a written instrument signed by two remaining Authorized Representatives provided that the deleted Authorized Representative (1) is assigned job duties that no longer require access to the Participant's TexPool / TexPool Prime account or (2) is no longer employed by the Participant; and		
C.	That the Participant may by Amending Resolution signed by the Participant add an Authorized Reduction and Authorized Representative is an officer, employee, or agent of the Participant;	epresentative provided the additional	
	e Authorized Representative(s) of the Participant. Any new individuals will be issued personal iden ol Participant Services.	tification numbers to transact business with	
1.	Cathy Atkinson	1	
N	ame	•	
1	Accounting Manager		
	itle		
Sun	12-943-1544 / 512-943-1547 / catkinson@wilco.org		
P	hone/Fax/Email	1	
S	ignature	100 miles (100 miles (
2. [l	_arry Gaddes	and the second s	
	ame		
רן	Tax Assessor/Collector		
T	itle		
15	512-943-1954 / 512-943-3578 / lgaddes@wilco.org		

Phone/Fax/Email

Signature

r. Resolution (continued)		
_{3,} Alma Russell		
Name		
Director Motor Vehicle		
Title 512-943-1642 / 512-943-1618 / arussell@wilco.org		ŧ
Phone/Fav/Email		
1 Hma Kunell		***
Signature		
, Matt Johnson		***
Name		
Chief Deputy Tax Assessor/Collector		***************************************
Title		
512-943-1641 / 512-943-3578 / matt.johnson@wilco.	org	
Phone/Fax/Email		,
March		
Signature List the name of the Authorized Representative listed above that will ha	eve primary responsibility for performing transactions and recr	eiving confirmations
and monthly statements under the Participation Agreement.	To primary responsibility for performing translations and rest	string committee
Cathy Atkinson	ware and the state of the state	
Name	negatapara terroringan manuhangan ang ang ang ang ang ang ang ang an	
In addition and at the option of the Participant, one additional Authorize information. This limited representative cannot perform transactions. If t complete the following information.	, , , , , , , , , , , , , , , , , , , ,	
Kari Schroeder		
Name	· · · · · · · · · · · · · · · · · · ·	
Accounting Specialist I		
Title		
512-943-1939 / 512-943-1547 / kari.schroeder@wilco.org		
Phone/Fax/Email		
D. That this Resolution and its authorization shall continue in full for Participant Services receives a copy of any such amendment or at its regular/special meeting held on theday	revocation. This Resolution is hereby introduced and adopte	
Note: Document is to be signed by your Board President, Mayor o County Clerk.	r County Judge and attested by your Board Secretary, Ci	ity Secretary or
Williamson County Tax Assessor/Collector		
Name of Participant*		
SIGNED	ATTEST	

Signature*	Signature*	
Dan Gattis		
Printed Name*	Printed Name*	Į.
Williamson County Judge Title*	Tillo*	
Tide	Title*	
2. Mailing Instructions		
The completed Resolution Amending Authorized Representatives can be	pe faxed to TexPool Participant Services at 1-866-839-3291,	and mailed to:
TexPool Participant Services 1001 Texas Avenue, Suite 1400 Houston, TX 77002		
	TEX-REP	2 OF 2

TexPool Participant Services
1001 Texas Avenue, Suite 1400 * Houston, TX 77002

